

Amended MDR Tracking Number: M5-04-3185-01 (**Previously M5-03-1871-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/7/02.

I. DISPUTE

Whether there should be additional reimbursement for 97750-MT, dated 10/19/01 and 10/30/01 and 95851, dated 10/30/01.

II. FINDINGS

Services from 10/22/01 through 10/26/01 were denied by the carrier on the basis of lack of medical necessity. These services were subsequently withdrawn by the requestor. There are remaining fee issues for the services of 10/19/01 and 10/30/01. These remaining disputed services will be reviewed on the basis of the 1996 Medical Fee Guideline.

III. RATIONALE

The range of motion testing 95851 of 10/30/01 was denied by the respondent on the basis the service was global to another procedure. The respondent did not identify which procedure included this disputed service. The 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) states, "Range of motion measurements and muscle testing as performed by the physical or occupation therapist during this re-evaluation are included in this code and shall not be reimbursed separately. The documentation submitted by the requestor indicates the testing was done by a doctor, therefore reimbursement of muscle testing 95851 is recommended.

The muscle testing, dated 10/19/01 and 10/30/01, were both reduced to one unit per the carrier. CPT Code 97750-MT is only reimbursed per body area. The medical reports reflect injury to the lumbar spine. Muscle testing was also performed on the lower extremities. MAR for only one visit is allowed for this per Medicine Ground Rules (I)(D)(1)(e) and (I)(E)(3). The MT modifier modifies reimbursement of the 97750 descriptor per the Commissions' established ground rules. In this case, the MT limits reimbursement to one body area (or contiguous areas which in this case includes the lower extremities) where, in contrast, the CPT descriptor without the modifier allows multiple 15 minute units. Therefore additional reimbursement for the time service is not allowed for muscle testing.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 95851 in the amount of **\$36.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$36.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of June 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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